



ISSN: 1681-150x SAOJ

## CPD QUESTIONNAIRE. AUGUST 2022 VOL 21 NO 3

CC	gh burnout among the South African orthopaedic ommunity: a cross-sectional study (O'Connor M,		5	5.	Distal humerus frac proportion of fractu
	erreira N, Smith M, Webster P, Venter RG, Marais LC)		a	Э.	2–7%
1.	In this research paper there was a significant associatio with burnout in which demographic group?	n	b	٥.	20–30%
a.	Women	Α	C	Э.	50-60%
b.	Respondents of an older age	В	C	d.	70–75%
	Registrars	С	E	€.	75–80%
	Respondents with a greater number of calls	D	6	ô.	Which statement is
	Respondents with a greater number of children	Ε			The treatment of distato the following:
	Which self-reported management strategy to cope with		a	а.	Low fracture line of o
	burnout was found to be associated with an increase in the measured burnout rate of respondents?				Metaphyseal fragmer
a.	Drinking alcohol	Α	C	Э.	Inadequate surgical e
	Cannabis use	В	_		Articular comminution
٥.	Smoking	С			Poor bone quality
d.	Exercising	D			alo-external fixator fr
	Participation in hobbies	Ε			vere kyphotic deforr d (Cetinkaya M, Geze
3.	Match the correct percentages of burnout and professional fulfilment among respondents in this study	/:		Da	vis JH) What is the <i>main</i> pu
а.	Burnout 27%, professional fulfilment 84%	Α	·	-	managing severe sp
	Professional fulfilment 84%, burnout 72%	В	a	а.	To avoid the need for
	Burnout 72%, professional fulfilment 48%	С	b	٥.	To improve vital capa
	Professional fulfilment 48%, burnout 27%	D	C	٥.	To improve deformity
	Burnout 27%, professional fulfilment 27%	Е	C	d.	To maintain deformity
	iceps-off transfascial sleeve approach, functional		e	€.	To avoid spinal cord
οι fra	utcomes and surgical technique in distal humerus actures (Nkomo WB, Rachuene PA, Dey R, Maqungo S, oche S, Solomons M)		8	3.	Which of the follow among the patients frame?
4.	Regarding the prophylactic use of non-steroidal anti-		a	а.	Pin-site infection
	inflammatory drugs (NSAIDs) following elbow surgery, t evidence suggests which of the following in relation to	he	b	٥.	Injury to the cranial n
	the reduction of heterotopic ossification formation?		C	٥.	Respiratory arrest
	There is convincing evidence to support their use following	Α	C	d.	Hospital-acquired pno
а.	elbow surgery	A	e	€.	Dislodgement of the
Э.	There is more convincing evidence supporting the use of NSAIDs following elbow surgery compared to hip surgery	В	9	9.	What are some of the traction versus halo
Э.	The evidence is equally supportive of the use of NSAIDs	С	a	а.	Gradual, controlled d
	following elbow and nip surgery		b	٥.	Greater distraction st
d.	NSAIDs following hip surgery compared to elbow surgery	D			Independent mobilisa A and B only
e.	The evidence does not support the use of NSAIDs following elbow surgery	Е			A. B and C

5.	Distal humerus fractures in adults make up which proportion of fractures?	
a.	2–7%	Α
b.	20–30%	В
C.	50–60%	С
d.	70–75%	D
e.	75–80%	Ε
6.	Which statement is <i>invalid</i> ? The treatment of distal humerus fractures is complex due to the following:	
a.	Low fracture line of one or both columns	Α
b.	Metaphyseal fragmentation of one or both columns	В
C.	Inadequate surgical exposure	С
d.	Articular comminution	D
e.	Poor bone quality	Ε
ole Da	vere kyphotic deformity in children younger than 4 years d (Cetinkaya M, Gezengana V, Mann TN, Du Toit J, avis JH)	•
7.	What is the <i>main</i> purpose of halo-pelvic traction when managing severe spinal deformity?	
a.	To avoid the need for corrective surgery	Α
b.	To improve vital capacity prior to corrective surgery	В
C.	To improve deformity prior to corrective surgery	С
d.	To maintain deformity correction after surgery	D
e.	To avoid spinal cord compression during surgery	Ε
8.	Which of the following complications did <i>not</i> occur among the patients treated with the halo-external fixator frame?	,
a.	Pin-site infection	Α
b.	Injury to the cranial nerves	В
C.	Respiratory arrest	С
d.	Hospital-acquired pneumonia	D
e.	Dislodgement of the fixator frame	Ε
9.	What are some of the potential benefits of halo-pelvic traction versus halo-gravity traction?	
a.	Gradual, controlled distraction	Α
b.	Greater distraction strength	В
C.	Independent mobilisation for patients	С
	A and B only	D
d.	A and b only	D

SA Orthop J 2022;21(3) Page 187

ar	nort-term outcomes of one-stage bilateral total hip throplasty in a South African setting (Mia SM, Rajpaul J, oga IE)				
	Regarding the bilateral hip arthroplasty study, which of the following statements are correct?				
a.	The 30-day mortality rate in the study was 50%	Α			
b.	Eighteen per cent of patients requested a disability grant application postoperatively				
C.	The 30-day mortality rate in the study was 0%	С			
	Thirty-six per cent of patients in this study were HIV				
	positive	D			
е.	When the one-stage BTHA was performed at a high- volume arthroplasty centre, the complication rate was also reduced				
11.	The advantages of a one-stage BTHA include:				
a.	Theoretical reduction in anaesthetic risk	Α			
b.	Prolonged rehabilitation period	В			
C.	Decreased costs to the healthcare system	С			
d.	Earlier return to work	D			
e.	Shorter rehabilitation period	Ε			
a	oidemiology of primary bone tumours in Nigeria: systematic review (Koyejo TT, Olusunmade OI, Olufemi C What is the estimated annual incidence rate of bone	T)			
	tumours in Nigeria, per 100 000 population?				
a.	0.5–0.7	Α			
	1–3	В			
C.	0.1–0.3	С			
d.	1.1–1.3	D			
e.	4–7	Ε			
13.	What is the most common benign primary bone tumour in Nigeria, according to this study?				
<b>13.</b> a.		Α			
	in Nigeria, according to this study?  Benign giant cell tumour	A B			
a.	in Nigeria, according to this study?  Benign giant cell tumour  Osteochondroma				
a. b. c.	in Nigeria, according to this study?  Benign giant cell tumour  Osteochondroma	В			
a. b. c. d.	in Nigeria, according to this study?  Benign giant cell tumour  Osteochondroma  Chondroblastoma	ВС			
a. b. c. d.	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma	B C D			
a. b. c. d.	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most	B C D			
a. b. c. d. e. <b>14.</b>	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?	B C D			
a. b. c. d. e. 14. b.	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna	B C D E			
a. b. c. d. e. 14. b.	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna Femur Pelvis	B C D E			
a. b. c. d. b. c. d. e. e.	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula	B C D E			
a. b. c. d. e. W cu	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula ide awake local anaesthesia no tourniquet: a review of trrent concepts (Rocher AGL, O'Connor M, Koch O)	B C D E A B C D			
a. b. c. d. e. W cu	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula ide awake local anaesthesia no tourniquet: a review of	B C D E			
a. b. c. d. e. W cu	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula ide awake local anaesthesia no tourniquet: a review of trent concepts (Rocher AGL, O'Connor M, Koch O) Select the correct ratio, concentration and volume of constituents to formulate a standard 1% lignocaine 10 m	B C D E			
a. b. c. d. e. W. cu	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula ide awake local anaesthesia no tourniquet: a review of irrent concepts (Rocher AGL, O'Connor M, Koch O) Select the correct ratio, concentration and volume of constituents to formulate a standard 1% lignocaine 10 n WALANT solution:  5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 1% lignocaine, 1 ml of 1:1 000 adrenaline,	B C D E A B C D E			
a. b. c. d. e. <b>14.</b> w cu <b>15.</b> b. b.	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study? Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula ide awake local anaesthesia no tourniquet: a review of irrent concepts (Rocher AGL, O'Connor M, Koch O) Select the correct ratio, concentration and volume of constituents to formulate a standard 1% lignocaine 10 in WALANT solution:  5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 1% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline	B C D E C D E			
a. b. c. d. e. W cu	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula ide awake local anaesthesia no tourniquet: a review of trent concepts (Rocher AGL, O'Connor M, Koch O) Select the correct ratio, concentration and volume of constituents to formulate a standard 1% lignocaine 10 m WALANT solution:  5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline	B C D E C D E			
a. b. c. d. e. <b>14.</b> w cu <b>15.</b> b. b.	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study?  Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula ide awake local anaesthesia no tourniquet: a review of trent concepts (Rocher AGL, O'Connor M, Koch O) Select the correct ratio, concentration and volume of constituents to formulate a standard 1% lignocaine 10 in WALANT solution:  5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 1% lignocaine, 0.1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline	B C D E C D E B C D E			
a. b. c. d. e. W cu 15.	in Nigeria, according to this study?  Benign giant cell tumour Osteochondroma Chondroblastoma Osteoid osteoma Benign fibrous histiocytoma  Malignant primary bone tumours in Nigeria were most commonly found in what location in this study? Radius and ulna Femur Pelvis Craniofacial bones Tibia and fibula ide awake local anaesthesia no tourniquet: a review of irrent concepts (Rocher AGL, O'Connor M, Koch O) Select the correct ratio, concentration and volume of constituents to formulate a standard 1% lignocaine 10 n WALANT solution: 5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 1% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 2% lignocaine, 1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline 5 ml of 1% lignocaine, 0.1 ml of 1:1 000 adrenaline, 1 ml of 8.5% sodium bicarbonate, 3 ml saline	B C D E A B C D E			

4.0	Coloot the freeture for which WALANT has not been	
16.	Select the fracture for which WALANT has <i>not</i> been utilised as the anaesthetic for surgical fixation:	
a.	Phalangeal plating	F
b.	Metacarpal plating	E
C.	Distal radius plating	(
d.	Distal humerus plating	
e.	Ankle fracture plating	E
17.	Which of the following is <i>not</i> a technique described in the text to reduce the pain of injection?	
a.	Warming the WALANT solution	1
b.	Injecting the solution at an acute angle to the skin	E
C.	Buffering the solution with sodium bicarbonate	(
d.	Pinching or raising the skin of the initial injection site	
e.	Cognitive distraction of the patient during injection	E
Α	clinician-run 3D-printing laboratory for orthopaedic	
	eoperative planning: an illustrative case series enter RG, Kotze L, Ferreira N)	
•		
18.	During the study period, the median 'total cost' to manufacture anatomical 3D-printed models at our lab, per patient, was:	
a.	R325.76	1
h	D0.057.00	
υ.	R3 257.62	E
	R3 257.62 R4 951.00	
C.		(
c. d.	R4 951.00	]
c. d. e.	R4 951.00 R7 177.09	[
c. d. e.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing	:
c. d. e. <b>19.</b> a.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was	( E
c. d. e. 19.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was 8 hours	( [ [ :
c. d. e. 19.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was 8 hours 33 hours	(
c. d. e. 19. a. b. c. d.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was 8 hours 33 hours 62 hours	(
c. d. e. 19. a. b. c. d.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was 8 hours 33 hours 62 hours 1 week	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
c. d. e. 19. a. b. c. d.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was 8 hours 33 hours 62 hours 1 week 2 weeks  The materials used in this study for the manufacturing of	(C)
c. d. e. 19. c. d. e. 20.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was 8 hours 33 hours 62 hours 1 week 2 weeks  The materials used in this study for the manufacturing canatomical 3D-printed models did <i>not</i> include:	(
c. d. e. 19. a. b. c. d. e. 20.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was 8 hours 33 hours 62 hours 1 week 2 weeks  The materials used in this study for the manufacturing canatomical 3D-printed models did <i>not</i> include: Polylactic acid (PLA)	(
c. d. e. 19. a. b. c. d. e. 20. a. b.	R4 951.00 R7 177.09 R12 632.62  During the study period, the mean 'total manufacturing time' for anatomical 3D-printed models, per patient, was 8 hours 33 hours 62 hours 1 week 2 weeks  The materials used in this study for the manufacturing of anatomical 3D-printed models did not include: Polylactic acid (PLA) Acrylonitrile butadiene styrene (ABS)	(

## Subscribers and other recipients of SAOJ visit our new CPD portal at www.mpconsulting.co.za

- Register with your email address as username and MP number with seven digits as your password and then click on the icon "Journal CPD".
   Scroll down until you get the correct journal. On the right hand side is an option "ACCESS". This will allow you to answer the questions. If you still can
- not access please send your Name and MP number to cpd@medpharm. co.za in order to gain access to the questions.

  Once you click on this icon, there is an option below the title of the journal: Click to read this issue online.
- Complete the questionnaire and click on submit.
- Your points are automatically submitted to the relevant authority.
- Please call MPC Helpdesk if you have any questions: 0861 111 335.

Medical Practice Consulting: Client Support Center: +27121117001 Office - Switchboard: +27121117000

